WEBA01542

POINT FOUNDATION
ANNUAL EXEMPT ORGANIZATION
INFORMATION RETURNS
For The Year Ended December 31, 1987

VINCENT + ROSE INC.
CERTIFIED
PUBLIC ACCOUNTANTS

Ronald Vincent, CPA
Thomas Rose, CPA

VINCENT + ROSE INC.
CERTIFIED
PUBLIC ACCOUNTANTS

3120 Telegraph Avenue, Suite 8
Berkeley, California 94705
(415) 540-6714

November 8, 1988

Point Foundation
27 Gate 5 Road
Sausalito, CA 94965

Dear Cindy,

Attached are the Annual Exempt Organization Information Returns for Point Foundation for the Year Ended December 31,1987 as follows:

FORM NO.	RETURN	FINAL FILING DATE	PAYMENT DUE
990	U.S.	11/15/88	NONE 11-9-88
990-T	U.S.	11/15/88 307 fnd	NONE 11-9-88
109	California	11/15/88 161 fnd	NONE 11-9-88
199	California	11/15/88	$ 10 11-9-88
CT-2	California	11/15/88	NONE 11-15-88

Point Foundation's estimated payments for the Year Ended December 31, 1987 are fully paid.

FILING INSTRUCTIONS

The original of each return must be signed as indicated on the form,dated and filed on or before the final filing date.

U.S. Forms 990 and 990-T should be filed with the Internal Revenue Service, Ogden, Utah 84021.

California Forms 199 and 109 should be filed with the Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0501

California Form CT-2 should be filed with the Registry of Charitable Trusts, P.O. Box 903447, Sacramento, CA 94203-4470

If you have any questions, please call our office.

Sincerely,

Vincent + Rose.

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Sincerely,

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Certified Public Accountants

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction D.

OMB No. 1545-0047

1987

For the calendar year 1987, or fiscal year beginning , 1987, and ending , 19

Use IRS label. Otherwise, please print or type.

Name of organization: POINT FOUNDATION

TAXPAYER'S COPY

Address (number and street): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

A Employer identification number (see instruction L): 94 : 2147154

B State registration number (see instruction D): 10497

C Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here ▶ ☐ (see instruction C10)

D Check type of organization—Exempt under section ▶ ☒ 501(c) (3) (insert number), OR ▶ ☐ section 4947(a)(1) trust

E Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

Check here if application for exemption is pending . . ▶ ☐

F Is this a group return (see instruction J) filed for affiliates? . . . . ☐ Yes ☒ No

If "Yes," enter the number of affiliates for which this return is filed ____

Is this a separate return filed by a group affiliate? . . . . . ☐ Yes ☐ No

G If "Yes" to either, give four-digit group exemption number (GEN) ▶

H ☐ Check here if your gross receipts are normally not more than $25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some states may require a completed return.

I ☐ Check here if gross receipts are normally more than $25,000 and line 12 is $25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than $25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

				(A) Total	These columns are optional—see instructions (B) Unrestricted/Expendable	(C) Restricted/Nonexpendable
Support and Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support				
	b	Indirect public support	35649			
	c	Government grants				
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)		35649		
	2	Program service revenue (from Part IV, line f)		659286		
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments		2148		
	5	Dividends and interest from securities				
	6a	Gross rents				
	b	Minus: rental expenses				
	c	Net rental income (loss)				
	7	Other investment income (Describe ▶)				
	8a	Gross amount from sale of assets other than inventory	Securities: ; Other: 819			
	b	Minus: cost or other basis and sales expenses	Other: 1720			
	c	Gain (loss) (attach schedule)	Securities: See F9; Other: (901)	(901)		
	9	Special fundraising events and activities (attach schedule—see instructions):				
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)				
	b	Minus: direct expenses				
	c	Net income (line 9a minus line 9b)				
	10a	Gross sales minus returns and allowances				
	b	Minus: cost of goods sold (attach schedule)				
	c	Gross profit (loss)				
	11	Other revenue (from Part IV, line g)		13057		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)		709,239		
Expenses	13	Program services (from line 44, column (B)) (see instructions)		538444		
	14	Management and general (from line 44, column (C)) (see instructions)		148872		
	15	Fundraising (from line 44, column (D)) (see instructions)				
	16	Payments to affiliates (attach schedule—see instructions)				
	17	Total expenses (add lines 16 and 44, column (A))		687316		
Fund Balances	18	Excess (deficit) for the year (subtract line 17 from line 12)		21923		
	19	Fund balances or net worth at beginning of year (from line 74, column (A))		(268059)		
	20	Other changes in fund balances or net worth (attach explanation)				
	21	Fund balances or net worth at end of year (add lines 18, 19, and 20)		(246136)		

For Paperwork Reduction Act Notice, see page 1 of the instructions.

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POINT FOUNDATION F1 12-31-87

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for most sections 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses				
22 Grants and allocations (attach schedule)	18740	18740		
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages	212511	174445	38066	
27 Pension plan contributions				
28 Other employee benefits	2632	2161	471	
29 Payroll taxes	21195	17398	3797	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	129006	123777	5229	
34 Telephone	7731		7731	
35 Postage and shipping	7305		7305	
36 Occupancy				
37 Equipment rental and maintenance	7187		7187	
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	1300		1300	
42 Depreciation, depletion, etc. See F10	18999		18999	
43 Other expenses (itemize): a				
b See F11	260710	201923	58787	
c				
d				
e				
f				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	687,316	538444	148,872	

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s), and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

		Expenses (Optional for some organizations—see instructions)
a	PUBLICATION OF WHOLE EARTH REVIEW (Grants and allocations $)	458,905
b	PILOT PROJECT WITH APPLE COMPUTERS. PUT WHOLE EARTH CATALOG IN COMPUTER DATA BASE (Grants and allocations $)	21,925
c	WRITE WEEKLY COLUMN FOR SAN FRANCISCO CHRONICLE (Grants and allocations $)	24,666
d	MAILING LIST FULFILLMENT (Grants and allocations $)	2,655
e	Other program service activities (attach schedule) See F12 (Grants and allocations $ 18740)	30293
f	Total (add lines a through e) (should equal line 44, column (B))	538444

Part IV **Program Service Revenue and Other Revenue (State nature.)**

	Program service revenue	Other revenue
a Fees from government agencies		
b		
c		
d		
e		
f Total program service revenue (enter here and on line 2) See F13	659286	
g Total other revenue (enter here and on line 11)		13057

Part V **Balance Sheets** If line 12 or Column (B) of line 59 is more than $25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are $25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

Note: **Columns (C) and (D) are optional.** *Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.*	(A) Beginning of year	End of year (B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
Assets Cash-interest-bearing	23163	91614		
45 Cash—noninterest-bearing	7093	12934		
46 Savings and temporary cash investments Cert of Deposit	~~0~~	30000		
47 Accounts receivable ▶ 48364 minus allowance for doubtful accounts ▶ 10050	40315	38314		
48 Pledges receivable ▶ minus allowance for doubtful accounts ▶				
49 Grants receivable				
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)				
51 Other notes and loans receivable ▶ minus allowance for doubtful accounts ▶				
52 Inventories for sale or use	4253	1575		
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
56 Investments—other (attach schedule) See F14	11900	14700		
57 Land, buildings and equipment: basis ▶ 146333 minus accumulated depreciation ▶ 114718 (attach schedule)	27879	29615		
58 Other assets ▶ Deposits	1394	185		
59 Total assets (add lines 45 through 58)	115997	218877		
Liabilities				
60 Accounts payable and accrued expenses	91816	29161		
61 Grants payable See F14				
62 Support and revenue designated for future periods (attach schedule)	275170	377573		
63 Loans from officers, directors, trustees, and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule) See F14		30000		
65 Other liabilities ▶ See F14	17070	28279		
66 Total liabilities (add lines 60 through 65)	384056	465013		
Fund Balances or Net Worth				
Organizations that use fund accounting, check here ▶ ☐ and complete lines 67 through 70 and lines 74 and 75.				
67a Current unrestricted fund				
b Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶)				
Organizations that do not use fund accounting, check here ▶ ☒ and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)	(268059)	(246136)		
75 Total liabilities and fund balances/net worth (see instructions)	115997	218877		

Part VI List of Officers, Directors, and Trustees (List each one whether compensated or not. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
	See F 15			

Part VII Other Information

		Yes	No
76	Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77	Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78	*If the organization had income from business activities, such as those reported on lines 2, 9, and 10 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*		
a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	X	
b	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **OR** ☐ nonexempt.		X
81 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		
b	Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	N/A	
82	Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶		
83	*Section 501(c)(5) or (6) organizations.*—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) If "Yes," enter the total amount spent for this purpose	N/A	
84	*Section 501(c)(7) organizations.*—Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included in line 12, for public use of club facilities (See instructions.)		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	N/A	
85	*Section 501(c)(12) organizations.*—Enter amount of:		
a	Gross income received from members or shareholders		
b	Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86	*Public interest law firms.*—Attach information described in the instructions.		
87	List the states with which a copy of this return is filed ▶ CALIFORNIA		
88	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89	The books are in care of ▶ POINT FOUNDATION Telephone no. ▶ (415) 332-1716 Located at ▶ 27 Gate 5 Road, Sausalito, CA		
90	*Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041.*—Enter the amount of tax-exempt interest received or accrued during the tax year ▶		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer _____ Date _____ ▶ Title _____

Paid Preparer's Use Only

Preparer's signature ▶ Thomas A Rose CPA — Date 11/7/88 — Check if self-employed ▶ ☐

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE INC. CPA'S, 3120 TELEGRAPH AVE, BERKELEY, CA — ZIP code 94705

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ Attach to Form 990.

OMB No. 1545-0047

1987

Name: POINT FOUNDATION

Employer identification number: 94 2147154

Part I Compensation of Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See specific instructions.)

Name and address of employees paid more than $30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
NOT APPLICABLE				
Total number of other employees paid over $30,000 ▶				

Part II Compensation of Five Highest Paid Persons for Professional Services (See specific instructions.)

Name and address of persons paid more than $30,000	Type of service	Compensation
NOT APPLICABLE		
Total number of others receiving over $30,000 for professional services ▶		

Part III Statements About Activities

		Yes (1)	No (2)
1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
If "Yes," enter the total expenses paid or incurred in connection with the legislative activities $ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.			
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part VI Form 990	2d	X	
e Transfer of any part of your income or assets?	2e		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3 Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

For Paperwork Reduction Act Notice, see page 1 of the separate instructions to this form.

Schedule A (Form 990) 1987

12/22/87 page 724,035

POINT FOUNDATION F5 12-31-87

Part IV **Reason for Non-Private Foundation Status (See instructions for definitions.)**

The organization is not a private foundation because it is (check applicable box; please check only **ONE** box):

5 ☐ [1] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ [2] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 ☐ [3] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ [4] A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ [5] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶

10 ☐ [6] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11 ☒ [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 ☐ [8] An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 ☐ [9] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 ☐ [0] An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1986	(b) 1985	(c) 1984	(d) 1983	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	38,632	47798	1,443,399	38,835	1,568,664
16 Membership fees received	NONE	NONE	NONE	NONE	NONE
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	678919	704,739	744,047	374,438	2,502,143
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3528	5,598	15,159	26,210	50,495
19 Net income from unrelated business activities not included in line 18	9244	15,792	23,285	19,625	67,946
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	11,162	15017	49668	NONE	75,847
23 Total of lines 15 through 22	741485	788,944	2,275558	459,108	4,265,095
24 Line 23 minus line 17	62,566	84,205	1,531,511	84,670	1,762,952
25 Enter 1% of line 23	7,415	7889	22756	4591	

26 Organizations described in box 10 or 11:

a Enter 2% of amount in column (e), line 24. 35,259

b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1983 through 1986 exceeded the amount shown in 26a. Enter the sum of all excess amounts here . . . . . NONE

(Continued on page 3)

Part IV **Support Schedule (continued)(Complete only if you checked box 10, 11, or 12 on page 2.)**

27 Organizations described in box 12, page 2: NOT APPLICABLE

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1986)..... (1985)..... (1984)..... (1983).....

b Attach a list showing, for 1983 through 1986, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 25 for the year or $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1986) (1985) (1984) (1983)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1983 through 1986, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V **Private School Questionnaire**
To Be Completed ONLY by Schools That Checked Box 6 in Part IV NOT APPLICABLE

			Yes (1)	No (2)
29	Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30	Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Do you maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by you or on your behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Do you discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance? (See instructions.)	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Do you receive any financial aid or assistance from a governmental agency?	34a		
b	Has your right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35	Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.).	35		

Part VI **Lobbying Expenditures by Public Charities (see instructions)**
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ a ☐ If the organization belongs to an affiliated group. (see instructions)
Check here ▶ b ☐ If you checked a and "limited control" provisions apply. (see instructions)

Limits on Lobbying Expenses	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)		
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table—		
If the amount on line 40 is— / **The lobbying nontaxable amount is—**		
Not over $500,000 — 20% of the amount on line 40		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000		
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000		
Over $1,500,000 — $225,000 plus 5% of the excess over $1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42		
44 Excess of line 38 over line 41		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

Lobbying Expenses During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 1987	(b) 1986	(c) 1985	(d) 1984	(e) Total
45 Lobbying nontaxable amount (see instructions)		NOT APPLICABLE			
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. LOSS FROM SALE OF ASSETS YEAR ENDED 12-31-87

ASSET DESCRIPTION	DATE PURCHASED	DATE SOLD	GROSS SALES PRICE	COST	ACCUMALATED DEPR.	LOSS
Kaypro II Computer	10/83	5/87	75	(1795)	1418	(302)
Kaypro 10 Computer	11/83	5/87	125	(2795)	2208	(462)
Radio Shack Mod IV	2/84	/87	619	(1799)	1043	(137)
			819	(6389)	4669	(901)

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. FEDERAL TAX DEPRECIATION YEAR ENDED 12-31-87

DESCRIPTION	DATE ACQUIRED	METHOD	RATE	TAX BASIS	DEPREC ALLOWED PRIOR YRS	DEPREC THIS YEAR
Camera Body	4/80	SL	5 YRS	525	355	53
Camera Lens	4/80	SL	10 YRS	515	346	51
Office Equipment	11/82	SL	10 YRS	911	911	0
Typesetter	12/82	ACRS	5 YRS	26,675	26,675	0
Cannon Copier	6/83			12,587	11,443	1,144
Ricoh Copier	6/83			5,497	4,343	1,154
Phone System	6/83			6,100	4,819	1,281
IBM-PC	7/83			4,804	3,795	1,009
Phone System	7/83			20,364	16,088	4,276
Phone System	8/83			2,262	1,787	310
Modem	9/83			2,097	1,656	441
Phone System	10/83			803	634	169
Kaypro II	11/83			3,590	2,836	754
Compaq	11/83			3,626	2,865	761
Phone System	11/83			1,381	1,091	290
Leson Security	11/83			1,595	1,260	335
Lange Uldem Slide	12/83			2,612	2,063	549
Okidata Printer	1/84			360	209	76
Datamac Hard Disk	2/84			1,650	609	220
Okidata Printer	6/84			460	267	97
Compaq Plus	7/84			4,134	2,398	869
Compaq Plus	9/84			12,084	7,009	2,537
Macintosh	1/85			2,985	1,104	627
HP Thinkjet Printer	3/85			1,259	466	264
Typesetting Terminal	5/86			4,599	690	966
Typesetter	12/87	MACRS	7 YRS	21,458	0	766
				144,333	95,719	18,999

FORM 204 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. OTHER EXPENSES YEAR ENDED

EXPENSE	TOTAL	PROGRAM SERVICE	MANAGEMENT AND GENERAL
Outside Professional Service		13,339	395
Writers / Contributors		36,695	0
Subscription Fulfillment		43,440	0
Subscription Promotion		65,583	0
Direct Distribution		4,245	0
National Newstand Distribution		8,770	0
Mailing List Fulfillment		2,655	0
Catalog Fulfillment		1,487	0
Chronicle Column		24,666	0
Miscellaneous		1,103	4,233
Research Materials		0	2,172
Communication & Network		0	380
Travel & Entertainment		0	713
Building Rental & Maintenance		0	34,679
Utilities		0	4,968
Insurance		0	3,039
Legal & Professional		0	5,776
Taxes		0	2,069
Bank Charges		0	3,673
Bad Debt		0	740
WELL Reimbursement		0	(4,050)
		201,923	58,787

POINT FOUNDATION F11 12-31-87

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. STATEMENT OF PROGRAM SERVICES RENDERED YEAR ENDED 12-31-87

Point Foundation's educational purpose is served by publishing activities, newspaper column, mailing list sales, and computer pilot project.

The publications (Essential Whole Earth Catalog and Whole Earth Saviour) encourage independent learning by reviewing books and products which enable individuals to acquire new skills and knowledge.

Other Program Service Activities (Form 990, Part III, line e)

Publication of Essential Whole Earth Catalog	11553
Grants	18740
	30293

REDI MAIR FORM 209 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. PROGRAM SERVICE REVENUE YEAR ENDED 12-31-87

Mailing List	$ 22,135
Whole Earth Review	485,371
Essential Whole Earth Catalog	64673
Software Catalog	1507
Chronicle Column	28600
Apple Computer Project	57000
	$ 659,286

REDI MAID FORM 209 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. SUPPORT SCHEDULE FOR BALANCE SHEET YEAR ENDED 12-31-87

INVESTMENTS - OTHER	
Zameworks	30,000
Reserve for Losses	24,800
	5,200
THE WELL	9,500
	14,700
SUPPORT AND REVENUE FOR FUTURE PERIODS	
Subscription Advances	
	377,573
MORTGAGES AND OTHER NOTES PAYABLE	
Notes Payable	30,000
OTHER LIABILITIES	
Advance from THE WELL	5,396
Contracts Payable	22,883
	28,279

FORM 204 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. List of Officers and Directors YEAR ENDED 12/31/87

Part VI

Name and Address	Title & Hours/Week	Compensation	Emp Ben	Expense
Steward Brand 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
KEVIN KELLY 27 GATE 5 Road Sausalito, CA	President Full-time	24,907	None	None
Doug Carlston 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Huey Johnson 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Robert Fuller 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Cindy Fugett 27 Gate 5 Road Sausalito, CA	Secretary/Treasurer Part-time	11,762	None	None

REDI-MAIL FORM 209 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

Form **2758**
(Rev. October 1987)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File

U.S. Partnership, Fiduciary, and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE, INC., 3120 Telegraph Ave., Suite #8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004.

1 An extension of time until November 15, 1988 is requested in which to file (check only one):

☒ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041 (trust) ☐ Form 1065 ☐ Form 3520-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 1041-A ☐ Form 1066 ☐ Form 4720 ☐ Form 8612
☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1041S ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2 For calendar year 19 87, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete return by November 15, 1988

5a If this form is for Form 990-BL, 990-PF, 990-T, 1041, 1066, 1120-ND, 4720, 6069, 8612, or 8613, enter the tentative tax. See the instructions . . . . . $ none

b If this form is for Form 990-PF, 990-T, or 1041, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (**Exception:** *If for an estate with a tax year beginning before January 1, 1987, enter at least ¼ of the amount on line 5a and pay with this form.*) See the instructions . . . . . $ none

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature] CPA Date ▶ 5/5/88

RECEIVED 034 MAY 09 1988 INTERNAL REVENUE SERVICE FRESNO, CA

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

EXTENSION TO FILE APPROVED TO NOV 15 1988

89566395 !
JUN 23 1988
Date

Director

By: Theron C. Polivka, Director
Tax Service Center

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

ENVELOPE POSTMARK DATE MAY 05 1988

For Paperwork Reduction Act Notice, see back of form.
☆ U. S. GOVERNMENT PRINTING OFFICE: 1987—183-318

Form **2758** (Rev. 10-87)

page 738,202 12/8/8

Form **990-T**
Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return

(Under Section 511 of the Internal Revenue Code) For calendar year 1987 or other tax year beginning ....., 1987, and ending ....., 19 .....

OMB No. 1545-0687

1987

Name of organization: POINT FOUNDATION

TAXPAYER'S COPY

Address (number and street): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

A Employer identification number (employees' trust see instruction for Block A): 94 : 2147154

B Enter unrelated business activity codes from page 12 of instructions: 7389

C Check box if address changed . . . . . ▶ ☐

D Exempt under section ▶ ☒ 501(c) (3) OR ▶ ☐ 408(e)

E Check type of organization . . ▶ ☒ Corporation ☐ Trust ☐ Section 401(a) trust

F Group exemption number (see instructions for Block F) ▶

If the unrelated trade or business gross income is $10,000 or less, complete only page 1 and Part III on page 2, and sign the return. Complete all applicable parts of the form (except lines 1 through 4) if unrelated trade or business gross income is over $10,000.

Taxable Income	1	Unrelated trade or business gross income (state sources ▶ .....)		1	
	2	Deductions (including net operating loss) (complete Parts I and II instead of lines 1, 2, 3, and 4 if you have gross income over $10,000)		2	
	3	Unrelated business taxable income before specific deduction (subtract line 2 from line 1)		3	
	4	Specific deduction (see instructions)		4	
	5	Unrelated business taxable income (Subtract line 4 from line 3 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.)		5	2617
Tax Computation		**Organizations Taxable as Corporations (see Instructions for tax computation)**			
	6a	Check if you are a member of a controlled group (see sections 1561 and 1563) ▶ ☐ If checked, see instructions and enter your share of tax bracket amounts. If your tax year includes June 30, 1987, complete both b and c below. Otherwise, complete only c.			
	b	(i) $ ..... (ii) $ ..... (iii) $ ..... (iv) $			
	c	(i) $ ..... (ii) $			
	7	Income tax on the amount on line 5, above. Check here ▶ ☐ if from Schedule D (Form 1120)		7	393
		Trusts Taxable at Trust Rates (see Instructions for tax computation)			
	8	Income tax on the amount on line 5. Use the tax rate schedules in the instructions		8	
Total Income Tax	9a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	9a		
	b	Other credits (see instructions)	9b		
	c	General business credit.—Check if from ☐ Form 3800 ☐ Form 3468 ☐ Form 6478 ☐ Form 6765 ☐ Form 8586	9c		
	10	Total (add lines 9a through 9c)		10	
	11	Subtract line 10 from line 7 or line 8		11	393
	12	Tax from recomputing prior year investment credit (attach Form 4255)		12	
	13a	Alternative minimum tax ..... b Environmental tax		13c	
	14	TOTAL TAX (add lines 11, 12 and 13c)		14	393
	15	**Payments:** a 1986 overpayment credited to 1987	15a		
	b	1987 estimated tax payments	15b	750	
	c	Subtotal (add lines 15a and 15b)	15c	750	
	d	Tax deposited with Form 7004 or Form 2758	15d		
	e	Foreign organizations—Tax paid or withheld at the source (see instructions)	15e		
	f	Other credits and payments (see instructions)	15f		
	16	Total credits and payments (add lines 15c through 15f)		16	750
	17	Enter the **PENALTY** for underpayment of estimated tax. Check ☐ if Form 2220 is attached		17	
	18	**TAX DUE**—If the total of lines 14 and 17 is larger than line 16, enter AMOUNT OWED ▶		18	
	19	**OVERPAYMENT**—If line 16 is larger than the total of lines 14 and 17, enter AMOUNT OVERPAID ▶		19	357
	20	Enter the amount of line 19 you want: **Credited to 1988 estimated tax** ▶ 50 **Refunded** ▶		20	307

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Thomas C Rose CPA | Date 11/7/88 | Check if self-employed ▶ ☐ | Preparer's social security no. 567 : 42 : 9044

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE INC. CPA'S, 3120 TELEGRAPH AVE, BERKELEY, CA | E.I. No. ▶ 94 : 3001952 | ZIP code ▶ 94705

For Paperwork Reduction Act Notice, see page 1 of Instructions.

Part I Unrelated Trade or Business Income

1a	Gross receipts or sales 6495, b Less returns and allowances _____ Balance ▶	1c	6495
2	Cost of goods sold and/or operations (Schedule A) Mailing List Fulfillment	2	779
3	Gross profit (subtract line 2 from line 1c)	3	5716
4a	Capital gain net income (attach separate Schedule D) (see instructions)	4a	
b	Net gain (loss) from Part II, Form 4797 (attached)	4b	
c	Capital loss deduction for trusts	4c	
5	Income (loss) from partnerships (attach statement)	5	
6	Rent income (Schedule C)	6	
7	Unrelated debt-financed income (Schedule E, line 2)	7	
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)	8	
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)	9	
10	Exploited exempt activity income (Schedule H)	10	
11	Advertising income (Schedule I, Part III, Column A)	11	
12	Other income (see instructions for line 12—attach schedule)	12	
13	TOTAL—Unrelated trade or business income (add lines 3 through 12)	13	5716

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule J)			14	NONE
15	Salaries and wages			15	349
16	Repairs (see instructions)			16	66
17	Bad debts (see instructions)			17	740
18	Interest (attach schedule)			18	12
19	Taxes			19	
20	Contributions (see instructions)			20	
21	Depreciation (attach Form 4562)	21	174		
22	Less depreciation claimed in Schedule A and elsewhere on return	22a		22b	174
23	Depletion			23	
24a	Contributions to deferred compensation plans (see instructions)			24a	
b	Employee benefit programs (see instructions)			24b	4
25	Other deductions (attach schedule)			25	754
26	TOTAL DEDUCTIONS (add lines 14 through 25)			26	2099
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)			27	3617
28	Advertising loss (Schedule I, Part III, Column B)			28	
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27)			29	3617
30	Net operating loss deduction (see instructions)			30	
31	Unrelated business taxable income before specific deduction (subtract line 30 from line 29)			31	3617
32	Specific deduction (see instructions for line 4 of page 1)			32	1000
33	Unrelated business taxable income (subtract line 32 from line 31. If line 32 is greater than line 31, enter the lesser of zero or line 31.) Enter here and on page 1, line 5			33	2617

SCHEDULE A—COST OF GOODS SOLD AND/OR OPERATIONS (see Instructions for Part I, line 2)

Method of inventory valuation (specify) ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold and/or operations. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	TOTAL—Add lines 1 through 4b	5					

Part III Statements Regarding Certain Activities and Other Information

		Yes	No
1	At any time during the tax year, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 10 of the instructions for exceptions and filing requirements for TD F 90-22.1.) If "Yes," write in the name of the foreign country ▶ _____		X
2	Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you had any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶		

The books are in care of ▶ Telephone number ▶

POINT FOUNDATION T2 12-31-87

SCHEDULE C—RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY
(see Instructions for Part I, line 6)

1. Description of property	2. Rent received or accrued	3. Percentage of rent for personal property
NOT APPLICABLE		%
		%
		%
		%
		%

4. Complete for any item if the entry in column 3 is more than 50%, or if the rent is based on profit or income		5. Complete for any item if the entry in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (Attach schedule)	(b) Income includible (Column 2 minus column 4(a))	(a) Gross income reportable (Column 2 × column 3)	(b) Deductions directly connected with personal property (Attach schedule)	(c) Income includible (Column 5(a) minus column 5(b))

Add columns 4(b) and 5(c) and enter total here and on line 6, Part I, page 2 . . . . . .

SCHEDULE E—UNRELATED DEBT-FINANCED INCOME (see Instructions for Part I, line 7)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight-line depreciation (Attach schedule)	(b) Other deductions (Attach schedule)
1 NOT APPLICABLE			

4. Amount of average acquisition indebtedness on or allocable to debt-financed property (Attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (Attach schedule)	6. Percentage which col. 4 is of col. 5	7. Gross income reportable (Column 2 × column 6)	8. Allocable deductions (Column 6 × total of columns 3(a) and 3(b))	9. Net income (loss) includible (Column 7 minus column 8)
		%			
		%			
		%			
		%			

2 Total (enter here and on line 7, Part I, page 2) . . . . . .
3 Total dividends-received deductions included in column 8 . . . . . .

SCHEDULE F—INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION
(see Instructions for Part I, line 8)

1. Description	2. Amount	3. Deductions directly connected (Attach schedule)	4. Net investment income (Column 2 minus column 3)	5. Set-asides (Attach schedule)	6. Balance of investment income (Column 4 minus column 5)
NOT APPLICABLE					

Total (enter here and on line 8, Part I, page 2) . . . . . .

SCHEDULE G—INCOME (ANNUITIES, INTEREST, RENTS AND ROYALTIES) FROM CONTROLLED ORGANIZATIONS
(see Instructions for Part I, line 9)

1. Name and address of controlled organization(s)	2. Gross income from controlled organization(s)	3. Deductions of controlling organization directly connected with column 2 income (Attach schedule)	4. Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under sec. 501(a), or the amount in col. (a), whichever is more	(c) Percentage which col. (a) is of col. (b)
					%
NOT APPLICABLE					%
					%

5. Nonexempt controlled organizations			6. Gross income reportable (Column 2 × column 4(c) or column 5(c))	7. Allowable deductions (Column 3 × column 4(c) or column 5(c))	8. Net income includible (Column 6 minus column 7)
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is more	(c) Percentage which col. (a) is of col. (b)			
		%			
		%			
		%			

Total (enter here and on line 9, Part I, page 2) . . . . . .

SCHEDULE H—EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

(see Instructions for Part I, line 10)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated trade or business (Column 2 minus column 3)	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (Column 6 minus column 5, but not more than column 4)	8. Net income includible (Column 4 minus column 7)
		NOT	APPLI	CABLE			
Total (enter here and on line 10, Part I, page 2)							

SCHEDULE I—ADVERTISING INCOME AND ADVERTISING LOSS (see Instructions for Part I, line 11)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If loss, enter in col. B, Part III. Do not complete cols. 5, 6, and 7. If gain, complete cols. 5, 6, and 7.	5. Circulation income	6. Readership costs	7. If col. 5 exceeds col. 6, enter in col. A, Part III, the gain shown in col. 4. If col. 6 exceeds col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter gain in col. A, Part III.
NOT APPLICABLE						
Totals						

Part II Income From Periodicals Reported on a Separate Basis

Part III Column A—Advertising Income

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II
Enter total here and on line 11, Part I, page 2	

Part III Column B—Advertising Loss

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II
Enter total here and on line 28, Part II, page 2	

SCHEDULE J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
Steward Brand	Director	Part %	None
Kevin Kelly	President	Part %	None
Doug Carlston	Director	Part %	None
Huey Johnson	Director	Part %	None
Robert Fuller	Director	Part %	None
Cindy Fugett	Secretary/Treasurer	Part %	None
Total (enter here and on line 14, Part II, page 2)			None

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

▶ See separate instructions.
▶ Attach this form to your return.

OMB No. 1545-0172

1987

Attachment Sequence No. 67

Name(s) as shown on return: POINT FOUNDATION

Identifying number: 94-2147154

Business or activity to which this form relates

Part I **Depreciation** (Do not use this part for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement. Instead, use Part III.)

Section A.—Election To Expense Depreciable Assets Placed in Service During This Tax Year (Section 179)

(a) Description of property	(b) Date placed in service	(c) Cost	(d) Expense deduction
1			

2 Listed property—Enter total from Part III, Section A, column (h) . . . . . .
3 Total (add lines 1 and 2, but do not enter more than $10,000) . . . . . .
4 Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is more than $200,000 . . . . . .
5 Subtract line 4 from line 3. If result is less than zero, enter zero. (See instructions for other limitations) . .

Section B.—Depreciation

(a) Class of property	(b) Date placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Method of figuring depreciation	(f) Deduction
6 Accelerated Cost Recovery System (ACRS) (see instructions): *For assets placed in service* **ONLY** *during tax year beginning in 1987*					
a 3-year property					
b 5-year property					
c 7-year property		197	7 years	MACRS	7
d 10-year property					
e 15-year property					
f 20-year property					
g Residential rental property					
h Nonresidential real property					

7 Listed property—Enter total from Part III, Section A, column (g) . . . . . .
8 ACRS deduction for assets placed in service prior to 1987 (see instructions) 166

Section C.—Other Depreciation

9 Property subject to section 168(f)(1) election (see instructions) . . . . . .
10 Other depreciation (see instructions) 1

Section D.—Summary

11 Total (add deductions on lines 5 through 10). Enter here and on the Depreciation line of your return (Partnerships and S corporations—Do NOT include any amounts entered on line 5.) 174
12 For assets above placed in service during the current year, enter the portion of the basis attributable to additional section 263A costs. (See instructions for who must use.) . .

Part II **Amortization**

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
1 Amortization for property placed in service **only** during tax year beginning in 1987					
2 Amortization for property placed in service prior to 1987					
3 Total. Enter here and on Other Deductions or Other Expenses line of your return					

See Paperwork Reduction Act Notice on page 1 of the separate instructions.

POINT FOUNDATION T5 12-31-87

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. OTHER DEDUCTIONS YEAR ENDED 12-31-87

DESCRIPTION	AMOUNT
Outside Professional Services	4
Payroll Taxes	35
Supplies	48
Research Materials	20
Telephone	71
Communication & Network Expense	3
Postage	67
Travel & Entertainment	7
Rent	318
Utilities	45
Insurance	28
Legal & Professional	53
Taxes	19
Bank Charges	34
Misc.	39
WELL Reimbursement	(37)
	754

POINT FOUNDATION T6/X5 12-31-87

Form **2758**
(Rev. October 1987)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File

U.S. Partnership, Fiduciary, and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE, INC., 3120 Telegraph Ave., Suite #8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004.

1 An extension of time until November 15, 1988 is requested in which to file (check only one):

☐ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041 (trust) ☐ Form 1065 ☐ Form 3520-A ☐ Form 6069
☐ Form 990-BL ☒ Form 990-T (trust other than above) ☐ Form 1041-A ☐ Form 1066 ☐ Form 4720 ☐ Form 8612
☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1041S ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613

If organization does not have an office or place of business in the United States, check this box ▶ ☐

2 For calendar year 19 87, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete return by November 15, 1988.

5a If this form is for Form 990-BL, 990-PF, 990-T, 1041, 1066, 1120-ND, 4720, 6069, 8612, or 8613, enter the tentative tax. See the instructions $ 750

b If this form is for Form 990-PF, 990-T, or 1041, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions $ 750

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (**Exception:** *If for an estate with a tax year beginning before January 1, 1987, enter at least ¼ of the amount on line 5a and pay with this form.*) See the instructions $ none

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature] CPA Date ▶ 5/5/88

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

EXTENSION TO FILE APPROVED TO NOV 15 1988

Director

By: Marion C. Fonvielle, Director Service Center

89566395

JUN 23 1988

Date

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

☆U. S. GOVERNMENT PRINTING OFFICE: 1987—183-318

TAXPAYER'S COPY

INCOME YEAR **1987**

Exempt Organization Annual Information Statement or Return

CALIFORNIA FORM **199**

Calendar, fiscal or income year beginning MONTH JAN. DAY 1 YEAR 1987, and ending MONTH DEC DAY 31 YEAR 1987.

Use California preaddressed label if one was mailed to you. Otherwise, please print or type.

California Corporation Number: D-0546604

Federal Employer Identification Number: 94-2147154

Corporation/Organization Name: POINT FOUNDATION

Address: 27 GATE FIVE ROAD

City: SAUSALITO State: CA ZIP Code: 94965

A Is the organization: ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized
If a box is checked, enter date

B Check here if this is an approved group report of affiliated organizations? ☐ Yes

C Check forms filed this year: State: ☒ 109 ☐ 100
Federal: ☒ 990 ☒ 990T ☐ 990PF ☐ 1041 ☐ 5227 ☐ 1120H ☐ 1120

D If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. (See Instruction J. No filing fee required.): ● ☐

Attach Remittance Here

Part A Information Statement To be completed by all churches, apostolic organizations and religious orders (see instructions).

Indicate the various sources of this organization's receipts by approximate percentage of each item.

a Contributions, gifts, or grants ..... %

b Income from debt-financed property (rental, lease, dividends, interest, etc.) ..... %

c Other income (describe) ..... %

Do not complete Parts B, C, D or E. **Sign Below.**

Part B Information Return To be completed by all organizations not completing Part A above (see instructions).

1	Interest	1	
2	Dividends (see instructions)	2	
3	Gross rents	3	
4	Gross royalties	4	
5	Other income (attach schedule – do not include contributions, gifts, grants, etc.)	5	
6	Gross dues and assessments from members and affiliates	6	
7	Gross contributions, gifts, grants, and similar amounts received (see instructions)	7	
8	Gross amount received from sale of assets, excluding inventory items (attach schedule)	8	
9	Gross sales or receipts from all activities not shown on lines 1-8 (see instructions)	9	
10	**GROSS RECEIPTS FOR FILING REQUIREMENTS TESTS. ADD LINES 1 THROUGH 9.** ●	10	709239
11	Cost or other basis and sales expenses of assets sold	11	
12	Cost of goods sold	12	538444
13	Total cost. Add lines 11 and 12	13	538444
14	**Balance.** Subtract line 13 from line 10	14	170795

Part C If amount shown on line 10 is $25,000 or less, skip Part C and complete Part D on Side 2; then sign below.

15	Contributions, gifts, grants, and similar amounts paid (attach itemized statement)	15	
16	Disbursements to or for members	16	
17	Compensation of officers, directors, and trustees (attach schedule)	17	
18	Other salaries and wages	18	
19	Interest	19	
20	Taxes	20	
21	Rent	21	
22	Depreciation and depletion	22	
23	Other (attach schedule)	23	
24	Total Expenses and disbursements. Add lines 15-23	24	150711
25	Excess of receipts over disbursements. Subtract line 24 from line 14	25	20084
26	Filing fee – $10.00 (see Instruction J)	26	10
27	**Penalty for failure to file on time (see Instruction K)**	27	
28	Balance Due: (add lines 26 and 27)	28	10

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Thomas A Rose CPA Date 11/7/88 Check if self-employed ☐ Preparer's social security no. 567 42 9044

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE INC. CPA'S 3120 TELEGRAPH AVE, BERKELEY CA 94705 E.I. no. 94-3001952 Day time telephone (415) 540-6713

Form 199 1987 Side 1

POINT FOUNDATION S1 12-31-87

Part D Questions

29 If exempt under Section 23701d, have you during the year (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509 (see instructions) ☐ Yes ☒ No

30 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws which have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

31 Are you exempt under Section 23701g? ☐ Yes ☒ No
If "Yes," enter amount of gross receipts from general public use. $ _____

32 Did you file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
If "Yes," enter amount of total income reported. $ _____

33 The books are in care of ▶ POINT FOUNDATION Day time telephone number (415) 332-1716
Located at ▶ 27 GATE 5 ROAD, SAUSALITO, CA 94965

Part E Balance Sheet Complete this section if Part C was completed.

	Beginning of Taxable Year		End of Taxable Year	
Assets	(a) Amount	(b) Total	(c) Amount	(d) Total
34 Cash: (a) Savings and interest-bearing accounts				
(b) Other				
35 Net accounts receivable				
36 Net notes receivable (attach schedule)				
37 Inventories				
38 Government obligations: (a) U.S. and instrumentalities				
(b) State, subdivisions thereof, etc.				
39 Investments in nongovernmental bonds, etc. (attach schedule)				
40 Investments in corporate stocks (attach schedule)				
41 Mortgage loans (number of loans _____)				
42 Other investments (attach schedule)				
43 Depreciable (depletable) assets (attach schedule)				
(a) Less accumulated depreciation (depletion)				
44 Land				
45 Other assets (attach schedule)				
46 **Total assets**				
Liabilities				
47 Accounts payable				
48 Contributions, gifts, grants, etc., payable				
49 (a) Bonds and notes payable (attach schedule)				
50 (b) Mortgages payable				
51 Other liabilities (attach schedule)				
52 Loans from officers, directors, trustees and key employees (attach schedule)				
53 **Total liabilities**				
Net Worth				
54 (a) Current unrestricted fund				
(b) Current restricted fund				
55 Capital stock or trust principal fund _____				
56 Paid-in or capital surplus				
57 Retained earnings or accumulated income fund				
58 **Total net worth**				
59 Total liabilities and net worth				

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. CALIFORNIA TAX DEPRECIATION YEAR ENDED 12-31-87

DESCRIPTION	DATE ACQUIRED	METHOD	RATE	TAX BASIS	DEPREC. ALLOWED PRIOR YEAR	DEPREC THIS YEAR
Camera Body	4/80	SL	10 YRS	525	354	53
Camera Lens	4/80		10 YRS	515	347	52
Office Equipment	11/82		5 YRS	911	835	76
Typesetter	12/82			26 675	23 803	2 872
Cannon Copier	6/83			12 587	8 393	2 447
Ricoh Copier	6/83			5 497	5 038	459
Phone System	6/83			6 100	5 592	508
IBM-PC	7/83			4 804	3 363	961
Phone System	7/83			20 364	8 554	4 073
Phone System	8/83			2 262	1 545	452
Modem (3)	9/83			2 097	1 817	419
Phone System	10/83			803	683	161
Kaypro II (2)	11/83			3 590	2 273	718
Compaq	11/83			3 626	2 296	725
Phone System	11/83			1 381	662	276
Lesan Security	11/83			1 595	765	319
Lange Video Slide	12/83			2 612	1 610	522
Okidata Printer	1/84			360	216	72
Datamac Hard Disk	2/84			1 050	611	210
Okidata Printer	6/84			460	238	92
Compaq Plus	7/84			4 134	2 067	827
Compaq Plus	9/84			12 084	5 640	2 417
Macintosh	1/85			2 985	846	597
HP Thinkjet Printer	3/85			1 259	462	252
Typesetter Terminal	5/86			4 599	613	920
Typesetter	12/87			21 458	~~0~~	358
				144 333	78 623	20 838

POINT FOUNDATION S 3 12-31-87

(Rel. 8-1987) [2-67]

YEAR 19 87

Application for Automatic Extension of Time for Filing Return

CALIFORNIA FORM 3504

For Bank and Corporation Returns, Exempt Organization Information Statement or Return.

California Corporation Number	Federal Employer Identification Number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization Name: POINT FOUNDATION

Address: c/o VINCENT + ROSE, INC., 3120 Telegraph Ave., Suite #8

City	State	ZIP Code
Berkeley	CA	94705

1 For calendar, fiscal, or income year beginning (MONTH DAY YEAR) 1 | 1 | 87, and ending (MONTH DAY YEAR) 12 | 31 | 87.

2 Check type of return to be filed:

- ☐ Corporation Franchise Tax or Income Tax (Form 100)
- ☐ Exempt Organization Business Income Tax Return (Form 109)
- ☒ Exempt Organization Annual Information Statement or Return (Form 199)
  (Any trust that files on Forms 109 or 199, see Instructions A)

I request an automatic 7-month extension of time to file until December 15 19 88.

Note: An extension of time to file does not apply to the payment of tax.

3 Does this application also cover subsidiaries to be included in a combined report? ☐ Yes ☒ No
If Yes, see Instruction H.

4 Tenative tax and payments

(a) Total tentative tax for income year. Include tax on preference items.
- If filing Form 100 the tentative tax may not be less than the minimum tax.
- If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE" ..... 4a NONE

(b) Estimated tax payments and/or credits 4b

(c) Balance due with this application. Subtract line 4(b) from line 4(a) ..... 4c NONE

Note: This is not an extension of time for payment of tax. File this form and pay the full amount shown on line 4c on or before the original due date.

Signature. — Under penalties of perjury, I declare I am authorized to make this application, and to the best of my knowledge and belief it is true, correct, and complete.

(SIGNATURE OF OFFICER OR AGENT)	(TITLE)	(DATE)
[signature]	CPA	5/5/88

If a payment is sent with this application, mail to **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**
If a payment is not sent with the application, mail to **Franchise Tax Board, P.O. Box 942857, Sacramento, Ca 94257-0550.**

This section will be completed by the Franchise Tax Board if application is denied. You will not receive a notice if the extension is granted.

Your application for extension of time to file a return has been DENIED for the reasons checked below:

- ☐ The application was not submitted on or before the due date of the return.
- ☐ The total tentative tax, line 4a, either is not shown or is not sufficient, (the minimum tax of $300 must have been paid if the corporation is subject to the franchise tax).
- ☐ The amount of payments/credits claimed does not match Franchise Tax Board records. Our records show $_____ in payments/credits. This amount includes any payment submitted with this form. (The payment to the Secretary of State upon qualification or incorporation cannot be claimed as a tax credit.)
- ☐ Payment of the balance due on line 4c was not included with the application.
- ☐ Our records show this corporation is suspended. Therefore it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not completely filled out and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

If the extension requested is denied, see Notice of Denial (Instruction I) on Side 2.

YEAR **1987**

Exempt Organization Business Income Tax Return

CALIFORNIA FORM **109**

For taxable year beginning JANUARY (MONTH) 1 (DAY) 1987 (YEAR), and ending DECEMBER (MONTH) 31 (DAY) 1987 (YEAR).

Affix Mailing Label

California Corporation or Organization No.: D-0546604

Federal Employer Identification No.: 94-2147154

Corporation or Organization Name: D-0546604 P*2** T 12

Addre POINT

27 GATE FIVE RD

City SAUSALITO CA 94965

Do Not Use These Spaces

TAXPAYER'S COPY

Corp./Org. No. | IYE | RC | DE | A | Remittance

Name and address of the trustee

Employer Identification Number or Social Security Number

Nature of trade or business: MAILING LIST SALES

Form number of federal form filed: 990-T

Attach Remittance Here

Tax Computation

Organizations Taxable as Corporations

1	Unrelated business taxable income (Side 2, Part II, line 31)	1	2600
2	Multiply line 1 by average apportionment percentage _____ % (Schedule K, line 5) ●	2	
3	Net operating loss deduction (from FTB 3805V) ●	3	
4	Net unrelated business taxable income. Subtract line 3 from the lesser of line 1 or line 2 ●	4	
5	Tax. Multiply line 4 by 9.3% (see General Instruction J)	5	242
6	Tax credits (Schedule B, line 8)	6	
7	Balance. Subtract line 6 from line 5. If line 6 is greater than line 5, enter zero	7	242

Organizations Taxable as Trusts

8	Unrelated business taxable income (Side 2, Part II, line 31) ●			8	
9	Net operating loss deduction (from FTB 3805V) ●			9	
10	Net unrelated business taxable income. Subtract line 9 from line 8 ●			10	
11	Tax on amount on line 10 (see General Instruction J)			11	
12	Tax credits (Schedule B, line 8)	12			
13	Credit for net income taxes paid to State of _____	13			
14	Total credits. Add line 12 and line 13			14	
15	Balance. Subtract line 14 from line 11. If line 14 is greater than line 11, enter zero			15	

Total Tax

16	Tax from line 7 or line 15 ■	16	242
17	Tax on preference income (corporations) or alternative minimum tax (trusts) ■	17	
18	Total tax. Add line 16 and line 17 ■	18	242

Payments

19	Overpayment(s) from a prior year allowed as a credit	19	103
20	1987 estimated tax payments	20	300
21	Amount paid with application for extension of time to file return	21	
22	Total payments and/or credits. Add line 19 through line 21	22	403

Balance Due or Refund

23	**Tax due.** Subtract line 22 from line 18. Pay entire amount with return ■	23	
24	**Overpayment.** Subtract line 18 from line 22 ■	24	161
25	Enter amount of line 24 to be credited to 1988 estimated tax ■	25	
26	Enter amount of line 24 to be refunded ■	26	161

Person to contact for additional information: | Telephone Number: ( )

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ CCF | | 11/9/88 | ▶ ( )

Signature of officer | Title | Date | Telephone

Paid Preparer's Use Only

Preparer's signature ▶ Thomas Rose CPA | Date 11/7/88 | Check if self-employed ☐ | Preparer's social security no. 567 42 9044

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE INC. CPA'S 3120 TELEGRAPH AVE BERKELEY CA 94705 | E.I. No. 94-3001952 | Telephone (415) 540-6713

Form 109 1987 **Side 1**

POINT FOUNDATION X-1 12-31-87

Schedule C Rent Income from Real Property and Personal Property Leased with Real Property

Note: For rental income from debt-financed property, use Schedule D. Exception to R&TC Section 23701g and Section 23701i organizations — see instructions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
NOT APPLICABLE		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete for any item in column 3 which exceeds 10% and is not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 minus column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible (column 5(a) minus column 5(b))
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6				

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
NOT APPLICABLE			

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Percentage which column 4 is of column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (total of columns 3(a) and 3(b) × column 6)	9 Net income (or loss) includible (column 7 minus column 8)
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of a Section 23701g or 23701i Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income (column 2 minus column 3)	5 Set-asides (attach schedule)	6 Balance of investment income (column 4 minus column 5)
		NOT APPLICABLE			
Enter total here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Income (Annuities, Interest, Rents and Royalties) From Controlled Organization(s)

1 Name and address of controlled organization(s)	2 Gross income from controlled organization(s)	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organization		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Sec. 23701, or the amount in col. (a), whichever is greater	(c) Percentage which column (a) is of column (b)
					%
NOT APPLICABLE					%
					%

5 Nonexempt controlled organizations			6 Gross income reportable (column 2 × column 4(c) or column 5(c))	7 Allowable deductions (column 3 × column 4(c) or column 5(c))	8 Net income includible (column 6 minus column 7)
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage which col. (a) is of col. (b)			
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business (col. 2 minus col. 3)	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense (col. 6 minus col. 5 but not more than col. 4)	8 Net income includible (col. 4 minus col. 7 but not less than zero)
NOT APPLICABLE							
Total. Enter here and on Side 2, Part I, line 10							

POINT FOUNDATION X3 12-31-87

Schedule H Advertising Income and Excess Advertising Costs

NOT APPLICABLE

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If col. 3 is greater than col. 2, enter the excess in Part III, Col. B(b). Do not complete cols. 5, 6 and 7. If col. 2 is greater than col. 3, complete cols. 5, 6 and 7.	5 Circulation income	6 Readership costs	7 If col. 5 is greater than col. 6, enter the income shown in col. 4, in Part III, Col. A(b). If col. 6 is greater than col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter amount in Part III, Col. A(b).
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A — Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7 and amounts listed in Part II, cols 4 and 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B — Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 28	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts — see instructions.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures	1980-1986	1322	720	SL	VAR	191
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						191
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21						191

Schedule K Apportionment Formula

Limited to unrelated trade or business amounts	(a) Total within and without the state	(b) Total within the state	(c) Percent within the state ((b) ÷ (a))
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)			
2 Wages, salaries, and other compensation of employees			
3 Gross sales and/or receipts, less returns and allowances			
4 Total percent (sum of the percentages above)			
5 Average apportionment percentage. Line 4 x 1/3. Enter here and on Side 1, line 2			

POINT FOUNDATION X4 12-31-87

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. OTHER DEDUCTIONS YEAR ENDED 12-31-87

DESCRIPTION	AMOUNT
Outside Professional Services	4
Payroll Taxes	35
Supplies	48
Research Materials	20
Telephone	71
Communication & Network Expense	3
Postage	67
Travel & Entertainment	7
Rent	318
Utilities	45
Insurance	28
Legal & Professional	53
Taxes	19
Bank Charges	34
Misc.	39
WELL Reimbursement	(37)
	754

POINT FOUNDATION T6/X5 12-31-87

(Rel. 8-1987) [2-67]

YEAR 19 87

Application for Automatic Extension of Time for Filing Return

CALIFORNIA FORM **3504**

For Bank and Corporation Returns. Exempt Organization Information Statement or Return.

California Corporation Number	Federal Employer Identification Number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization Name: POINT FOUNDATION

Address: c/o VINCENT + ROSE, INC., 3120 Telegraph Ave.. Suite #8

City	State	ZIP Code
Berkeley	CA	94705

1 For calendar, fiscal, or income year beginning MONTH 1 DAY 1 YEAR 87, and ending MONTH 12 DAY 31 YEAR 87.

2 Check type of return to be filed:

- ☐ Corporation Franchise Tax or Income Tax (Form 100)
- ☒ Exempt Organization Business Income Tax Return (Form 109)
- ☐ Exempt Organization Annual Information Statement or Return (Form 199)

(Any trust that files on Forms 109 or 199, see Instructions A)

I request an automatic 7-month extension of time to file until December 15 19 88.

Note: An extension of time to file does not apply to the payment of tax.

3 Does this application also cover subsidiaries to be included in a combined report? ☐ Yes ☒ No

If Yes, see Instruction H.

4 Tenative tax and payments

(a) Total tentative tax for income year. Include tax on preference items.

- If filing Form 100 the tentative tax may not be less than the minimum tax,
- If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"

(b) Estimated tax payments and/or credits

(c) Balance due with this application. Subtract line 4(b) from line 4(a)

4a	403
4b	
4c	403

***Note:** This is not an extension of time for payment of tax. File this form and pay the full amount shown on line 4c on or before the original due date.*

Signature. — Under penalties of perjury, I declare I am authorized to make this application and to the best of my knowledge and belief it is true, correct, and complete.

(SIGNATURE OF OFFICER OR AGENT) CPA (TITLE) 5/5/88 (DATE)

If a payment is sent with this application, mail to **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**

If a payment is not sent with the application, mail to **Franchise Tax Board, P.O. Box 942857, Sacramento, Ca 94257-0550.**

This section will be completed by the Franchise Tax Board if application is denied. You will not receive a notice if the extension is granted.

Your application for extension of time to file a return has been DENIED for the reasons checked below:

- ☐ The application was not submitted on or before the due date of the return.
- ☐ The total tentative tax, line 4a, either is not shown or is not sufficient, (the minimum tax of $300 must have been paid if the corporation is subject to the franchise tax).
- ☐ The amount of payments/credits claimed does not match Franchise Tax Board records. Our records show $_____ in payments/credits. This amount includes any payment submitted with this form. (The payment to the Secretary of State upon qualification or incorporation cannot be claimed as a tax credit.)
- ☐ Payment of the balance due on line 4c was not included with the application.
- ☐ Our records show this corporation is suspended. Therefore it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not completely filled out and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

If the extension requested is denied, see Notice of Denial (Instruction I) on Side 2.

Detach Here

FORM **CT.-2** (REV. 12-87)
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

PERIODIC REPORT

TAXPAYER'S COPY

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $300 or more.

ACCOUNTING PERIOD — For the Year Beginning JANUARY 1, 1987 and Ending DECEMBER 31, 1987

If address changed check here . . . ▶ ☐ and show changes below ▼

File Form with label Other wise print or type

10497 YEAR ENDED DEC 31, 1987 L

POINT
27 GATE 5 ROAD
SAUSALITO CA 94965

State Charity registration number CT 10497

Corporate or Organization No. D-0546604

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.	X	
B. Is this entity a split-interest trust?		X

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☒ This entity is **not** a private foundation. **We have attached** a completed copy of IRS Form 990, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Complete Part II below.

☐ This entity is a private foundation. **We have attached** a completed copy of IRS Form 990-PF and related attachments. Complete Parts II and III below.

PART IA ACTIVITIES

	Yes	No
Are the program activities of this entity limited solely to grantmaking?		X

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

		Yes	No
1 Was 50% or more of your total revenue from government grants? (See line 1 instructions)	1		X
If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.			
2 Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken?	2		X
If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . 2a $			
3 Did an independent public accountant issue a report on your financial statements?	3	X	
If "yes", enter here: Accountant's Name VINCENT + ROSE, INC CPA'S Telephone (415) 540-6714			
4 Is any of your property held in the name of or commingled with the property of any other organization or person, **other than** Pooled Investment Funds?	4		X
If "yes", attach justification, including value of assets commingled.			
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	5		X
If "yes", attach a detailed explanation and enter here the total amount involved . . . 5a $			
6 Did you donate anything to an **organization** that is **not** tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC?	6		X
If "yes", attach explanation and enter here the fair market value of the donation . . . 6a $			
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.	7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.	8		X
9 Did you pay or incur any tax-related penalty, fine or judgment?	9		X
If "yes", attach an explanation and enter here the total amount involved . . . 9a $			

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions) | Printed Name | Title | Date

PAGE 1, Original—Mail to: Registry of Charitable Trusts

POINT FOUNDATION CT-1 12-31-87

		Yes	No
10 Did you receive $10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part I, line 1)?	10	X	
If "yes", enter the following amounts:			
(a) Direct support from the general public	10a 659286		
(b) Foundation and trust grants	10b		
(c) Corporate and other business grants	10c		
(d) Bequests	10d		
(e) Total direct public support (add lines a through d)	10e 659286		
11 Did you contract with or use the services of an independent professional fund raiser? If "yes", complete Part IV (Form CT-2).	11		X
12 Did your invested assets total $50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)	12		X
13 Did you receive any income from any bingo game?	13		X
If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies were received by your organization.	13a $		
14 Employee compensation of the five highest paid employees:			
(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of $100,000?	14a		X
(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of $10,000, or more, paid any employee?	14b		X
(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization?	14c		X
(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest?	14d		X
If "yes", enter here the total amount involved	14d $		
(e) Did the organization make any loans in excess of $5,000 to any employee?	14e		X
If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach the organization's employment contract with the employee(s), copies of any contracts or agreements with the employee(s) and specific details to fully explain any "yes" response.			
15 Did you make any payments to independent consultants or contractors **other than** for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	15		
If "yes", attach a schedule which shows each payee's name and address and specifies the amount and purpose of each payment; enter here the total of all such payments	15a $		

OK CCF 11-16-87

16 If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.

		Tax	Penalty
a Payroll	16a	21195	
b Sales (on items you sold)	16b	295	
c Personal Property	16c	1063	
d Real Estate	16d		
e Unrelated Business Income	16e	475	

(17–30 not currently in use)

Detach Here

Detach Here

PART III ADDITIONAL INFORMATION FROM PRIVATE FOUNDATIONS ONLY

		Yes	No
31 Did you file a Form 4720 with the Internal Revenue Service?	31		
If "yes", attach a copy of Form 4720 and enter here the amount of total taxes paid with that return	31a		

(32–39 not currently in use)

PART IV PROFESSIONAL FUND-RAISERS (PFR) (SEE QUESTION 11) NOT APPLICABLE

	EVENT # 1	EVENT # 2	EVENT # 3	TOTAL
40 Brief Description of Campaign, Drive or Event				
41 Date or Period Covered				
42 Name of PFR				
43 Address of PFR				
44 Total Public Donations *			44	
45 All Payments to PFR			45	—
46 All Other Fund-Raising Expenses			46	—
47 Net Proceeds (Line 44 Less 45 and 46)			47	

(48–59 not currently in use) * On line 44, do **not** deduct any costs from gross donations.

NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING $50,000 OR MORE (SEE QUESTION 12) NOT APPLICABLE

60 Securities, beginning of year at cost (990, line 54(A) or 990-PF, Part II, line 10(A))	60	
61 Securities acquired, at cost or original basis	61	
62 Securities sold, at cost or original basis (may include sales expenses)	62	—
63 Securities, end of year at cost (990, line 54(B) or 990-PF, Part II, line 10(B))	63	
64 Securities, end of year at market value	64	
65 Sum of all gains on sales during the year	65	
66 Sum of all losses on sales during the year	66	—
67 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4(A))	67	
68 Total return realized (line 65 less line 66, plus line 67)	68	
69 Less investment counsel fees	69	—
70 Net return realized from investments in securities (line 68 less line 69)	70	

Has this organization engaged in, purchased, sold or held during the year:

		Yes	No
71 Investments (any type) which produce no current income?	71		
72 Investments (any type) worth one half or less of original basis?	72		
73 Securities on margin?	73		
74 Warrants, puts, calls, options, commodity futures, or short sales?	74		
75 Stocks rated "Speculative Grade" by Moody's, or ranked "B–" or lower by Standard & Poor's?	75		
76 Securities not publicly traded?	76		
77 Municipal bonds or similar tax-exempt securities which yield less than taxable securities?	77		
78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares?	78		

If "yes" on any line from 71 through 78, attach a full explanation.

Form **2758**
(Rev. October 1987)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File

U.S. Partnership, Fiduciary, and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE, INC., 3120 Telegraph Ave., Suite #8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004.

1 An extension of time until November 15, 1988 is requested in which to file (check only one):

☐ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041 (trust) ☐ Form 1065 ☐ Form 3520-A ☐ Form 6069 X CT-2
☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 1041-A ☐ Form 1066 ☐ Form 4720 ☐ Form 8612
☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1041S ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613

If organization does not have an office or place of business in the United States, check this box ▶ ☐

2 For calendar year 19 87, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete return by November 15, 1988.

5a If this form is for Form 990-BL, 990-PF, 990-T, 1041, 1066, 1120-ND, 4720, 6069, 8612, or 8613, enter the tentative tax. See the instructions $ NONE

b If this form is for Form 990-PF, 990-T, or 1041, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (**Exception:** *If for an estate with a tax year beginning before January 1, 1987, enter at least ¼ of the amount on line 5a and pay with this form.*) See the instructions $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature] CPA Date ▶ 5/5/88

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☐ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

_____ Director

By: _____

_____ Date

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

☆U. S. GOVERNMENT PRINTING OFFICE: 1987—183-318

page 738,202 12/8/87

Form **2758** (Rev. 10-87)